



## COUNCIL TAX DISREGARD APPLICATION FORM – CARER

|                    |  |
|--------------------|--|
| Account Number     |  |
| Property Reference |  |
| Property Address   |  |
| Issue Date         |  |
| Return by Date     |  |

### DETAILS OF PERSON TO BE DISREGARDED

|  |          |
|--|----------|
| Forename   |          |
| Surname  |          |
| Address  |          |
| Name and address of the person receiving care                          |          |
| Detail of the care or support (or both being provided)                 |          |
| Date discount requested from   |          |
| Does the person to be disregarded live with the person receiving care? | YES / NO |
| Number of hours a week care is provided                                |          |
| Amount of weekly pay for providing care                                | £        |
| Relationship between person receiving care and the carer               |          |



**Please indicate which benefit/allowance/pension the person is receiving care is entitled to:**

Attendance Allowance  
YES / NO

Higher or middle rate of the care component of a disability living allowance  
YES / NO

Increase in disablement pension where constant attendance is needed  
YES / NO

Increase in constant attendance allowance under war pension provisions  
YES / NO

Standard or enhanced rate of daily living component of personal independence payment YES / NO  
Armed forces independence payment  
YES / NO

**Please enclose either the benefit/allowance/pension book or letters of entitlement from  
DWP (this  
will be returned as soon as possible)**

|  |  |
|--|--|
| The date the above<br>benefit/allowance/pension was<br>awarded |  |
|--|--|

**PROPERTY**

|  |  |
|--|--|
| Number of people over 18 who live<br>at this address       |  |
| Number of people aged 16 or<br>17 who live at this address |  |



**Horsham  
District  
Council**

Horsham Revenues and Benefits  
PO Box 5327  
Central Milton Keynes  
MK9 3ZA

## **DECLARATION**

I declare that the information given on this form is complete and accurate to the best of my knowledge. **REMEMBER, if you give false information, you may be prosecuted.** In order to protect public funds, the Council may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information for the same purposes, with other organisations that handle public funds.

|                            |  |
|----------------------------|--|
| Full Name (BLOCK CAPITALS) |  |
| Telephone Number           |  |
| Signature                  |  |
| Date                       |  |